



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/671,393	<b>FILING DATE</b> 09/27/2000 <b>RULE</b> -	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> <del>2622</del> 2624	<b>ATTORNEY DOCKET NO.</b> XER-2-0318
<b>APPLICANTS</b> Caurav Sharma, Webster, NY ; Keith T. Knox, Rochester, NY ;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/27/2000</b> -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 23
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> Albert P Sharpe III Esq Fay Sharpe Fagan Minnich & McGee LLP 1100 Superior Avenue 7th Floor Cleveland ,OH 44114-2518				
<b>TITLE</b> Show-through compensation apparatus and method				
<b>FILING FEE RECEIVED</b> 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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Bib Data Sheet

CONFIRMATION NO. 7084

<b>SERIAL NUMBER</b> 09/671,393	<b>FILING DATE</b> 09/27/2000 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> <del>2622</del> 2624	<b>ATTORNEY DOCKET NO.</b> XER-2-0318	
<b>APPLICANTS</b> Gaurav Sharma, Webster, NY; Keith T. Knox, Rochester, NY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/200,984 11/30/1998 <i>JK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/27/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James Sharpe</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Albert P Sharpe III Esq Fay Sharpe Fagan Minnich & McGee LLP 1100 Superior Avenue 7th Floor Cleveland ,OH 44114-2518					
<b>TITLE</b> Show-through compensation apparatus and method					
<b>FILING FEE RECEIVED</b> 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		